SHEET 1 OF 1

ATTORNEY'S DKT NO. APPLICATION NO. Substitute for form 1449A/PTO 10/087,834 003510-123 APPLICANT INFORMATION DISCLOSURE Keitaro AOSHIMA ATEMENT BY APPLICANT FILING DATE GROUP March 5, 2002 Unassigned

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	RADIOMS Patent D	ocument					
Examiner Init <u>i</u> als	Number	Kind Code (if known)	Name of Patentee or Applicar of Cited Document	nt	Date of Public (MM-DD-YY		
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Examiner	Include	name of author	(in CAPITAL LETTERS), title of the ar	ticle (whe	n appropriate), title of t	he her(s)	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231.